

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51									
2							52									
3							53									
4							54									
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46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3						TOTAL IND.									
TOTAL DEP.	8						TOTAL DEP.									
TOTAL CLAIMS	11						TOTAL CLAIMS									

PTO-875 (12-70)

MAY BE USED FOR ADDITIONAL CLAIMS AT APPROPRIATE FEE

BEST AVAILABLE COPY